



PATIENT

Izabella Ort

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

14

WEIGHT

15

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Reyes

HOSPITAL NAME

Graceful Paws

REFERRING VET

Dr Reyes

INVOICE 24451

DATE

04/10/2026

PRESENTING CLINICAL SIGNS

Pet presented for ultrasound due to increased water intake and urination. Pet is also having episodes of screaming while sleeping and had an episode where she screamed, fell on her side and urinated. Owner reports that episodes are happening more frequently

Blood pressure was normal today.

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 heart murmur Chem BUN: 45.1 Chol: 380 CBC RBC: 5.46 Hct: 32.5% Hgb: 10.8 UA SG: 1.006 Protein: 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Dorsoapical urinary bladder wall thickness measured 0.41 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible, which is normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia and cortical cysts were present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Enlarged non-homogenous nodular right adrenal gland, measuring ~ 2.7 cm x 2.7 cm. The left adrenal gland was indistinctly visualized yet exhibited possible concurrent enlargement with non-homogenous indistinctly nodular parenchyma. The left adrenal gland potentially measured 2.3 cm x 1.1 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

Borderline to possible mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs



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of congestion. A solitary deep mid liver thinly walled cyst adjacent to the gallbladder was present measuring 1.2 cm in diameter The gallbladder was non-distended in size with thin walls and mild gravity dependent to non-dependent congealed debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Nodular right adrenal mass with suspect concurrent nodular left adrenomegaly/ mass
- Chronic renal changes exhibiting pyelectasia and cortical cysts
- Hepatic parenchymal remodeling with intraparenchymal cyst
- Mild congealed gallbladder debris (non-mucocele)
- Cystitis pattern

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Secondary

- Mild shadowing gastric ingesta and segmental non-shadowing intestinal ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are abnormal and reveal potential bilateral adrenal tumors. Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered +/- screening BRAF assay.

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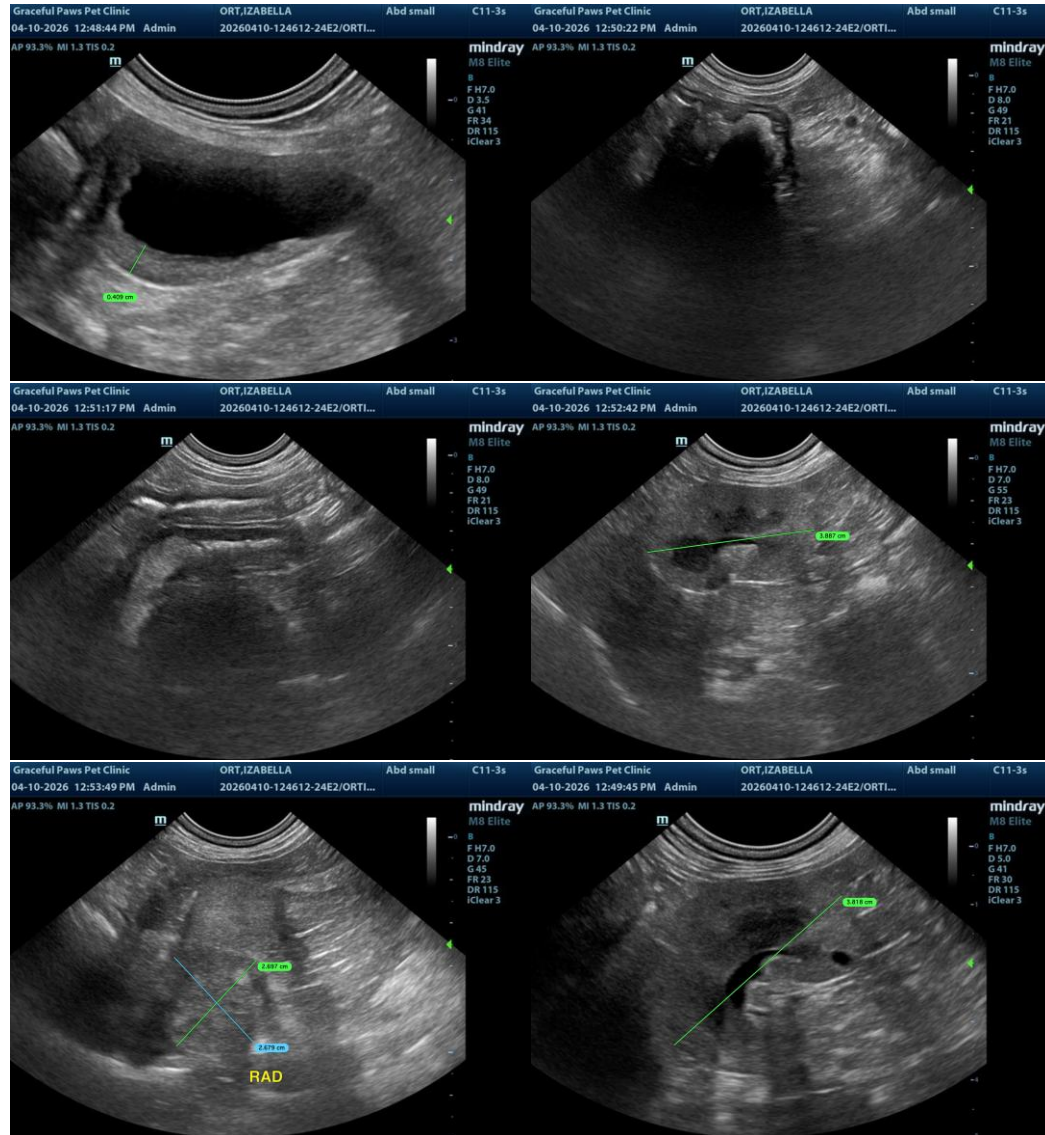
Dr Reyes

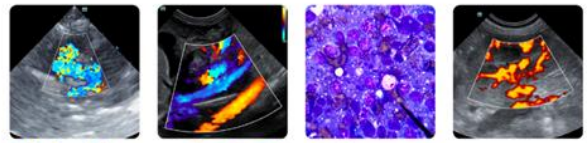
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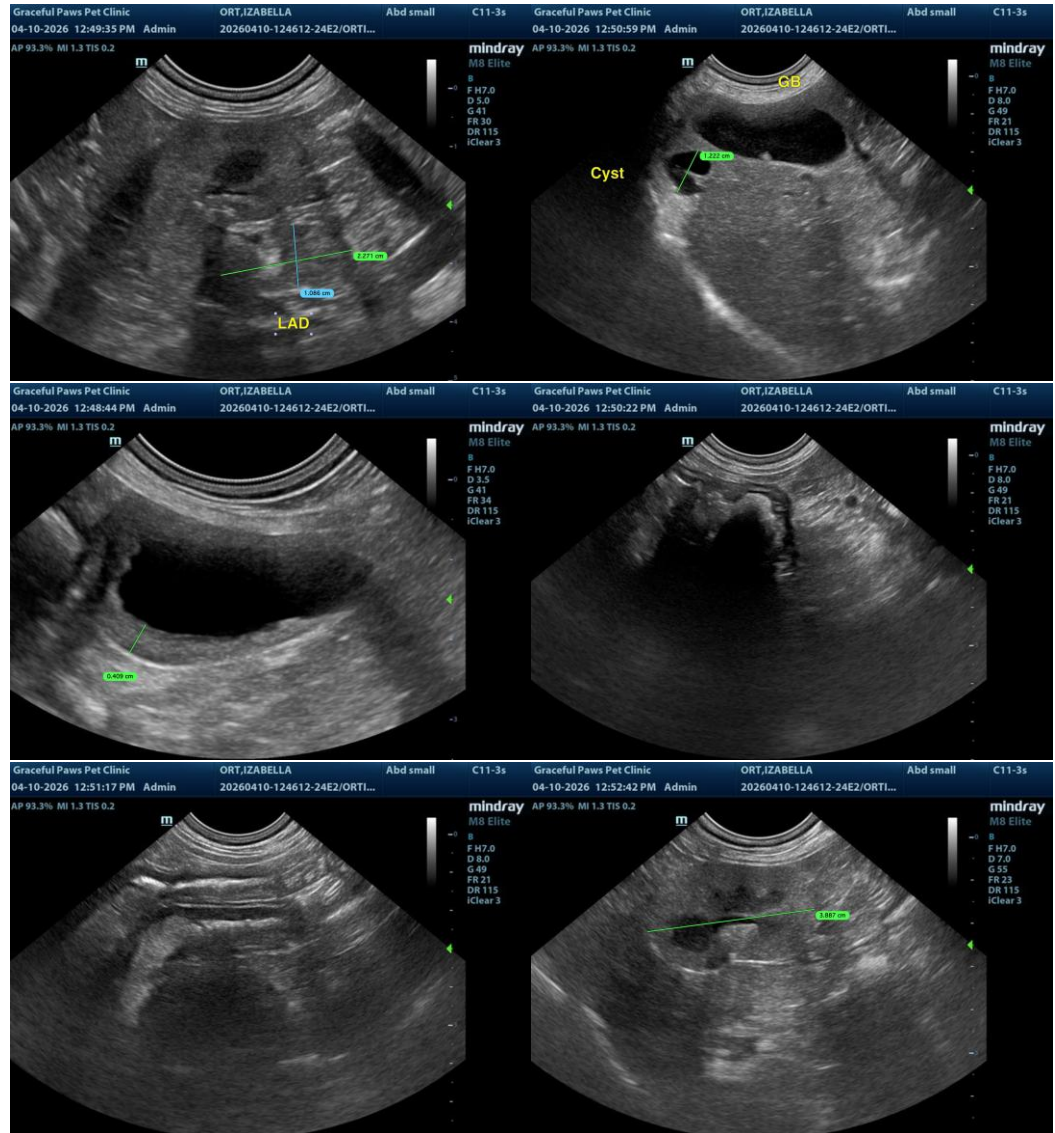
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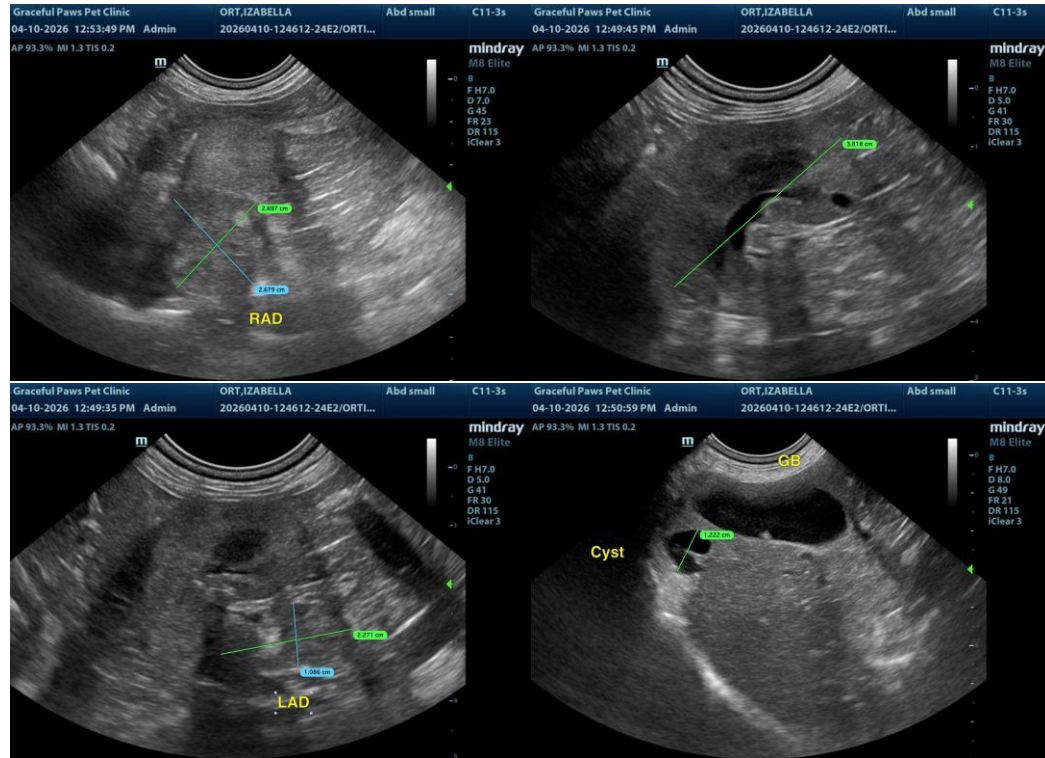
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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